

*Metropolitan Health Department
Pollution Control Division
311 23rd Avenue North
Nashville, Tennessee 37203
Telephone: (615) 340-5653
Fax: (615) 340-2142*

APPLICATION FOR OPERATING PERMIT RENEWAL

Facility Name: _____

Address: _____

Owner or Responsible Official: _____ Title: _____

Address: _____ Telephone: () _____

I hereby request a renewed operating permit, as required by Section 10.56.040, "Operating Permit" of the Metropolitan Code of Laws, for the following sources:

Existing Permit Number	Emission Source Description

I hereby certify to the best of my knowledge that each source listed above is operating, and will continue to operate in compliance with all existing permit conditions and applicable air pollution regulations.

Signature of Owner or Responsible Official

Date